

# CONTRACTORS

**FINANCE DEPT.**

2263 SANTA CLARA AVE.  
ROOM 230  
ALAMEDA, CA 94501  
510-747-4851

**CITY OF ALAMEDA  
BUSINESS LICENSE  
APPLICATION**

APPL NO.

NEW

☐

CHANGE

☐

BUSINESS NAME

BUSINESS STREET ADDRESS

CITY

ZIP

BUS. TEL. #

TYPE OF OWNERSHIP

SOLE PROPRIETORSHIP

☐

PARTNERSHIP

☐

CORPORATION

☐

LLC

☐

CONTRACTOR TYPE

MAILING ADDRESS:

FED.EMP.ID NO./SS NO.

CONTRACTOR NO.

START DATE IN ALAMEDA

COMPLETION DATE (EST.)

ANNUAL GROSS RECEIPTS (EST.) IN ALAMEDA

BUSINESS OWNER #1

NAME:

HOME: STREET

CITY

ZIP

TEL.NO.

WILL YOU HAVE ANY OF THE FOLLOWING  
WORKERS IN ALAMEDA?

SUBCONTRACTORS

YES ☐NO ☐

VENDORS

YES ☐NO ☐

ARCHITECTS

YES ☐NO ☐

BUSINESS OWNER #2

NAME:

HOME: STREET

CITY

ZIP

TEL.NO.

I DECLARE UNDER PENALTY OF PERJURY THAT  
THE INFORMATION IN THIS APPLICATION IS TRUE  
AND CORRECT.**X**

SIGNATURE

DATE

AMOUNT PAID \$ \_\_\_\_\_

**PAYMENTS MUST BE SUBMITTED WITH  
APPLICATION. NO BILL WILL BE SENT.**